

Coalition Member Information Form

Please Provide Information Below			
Title (Circle One) (1) Prevention Director (2) Prevention Specialist (3) Coordinator (4) Educator (5) Consultant (6) Volunteer (7) Program Aide (8) Intern			
First Name:		Last Name:	
Birth Date (mm/dd/yyyy):			
Race (Circle One): (1) White (2) African American/Black (3) American Indian or Alaska Native (4) Asian (5) Multiracial/Multiethnic (6) Native Hawaiian or Pacific Islander (7) Other			
Ethnicity (Circle One) : (1) Hispanic or Latino (2) not Hispanic or Latino			
Education (Circle One): (1) Below High School (2) High School/G.E.D. (3) Associates Degree (4) Bachelors Degree (5) Masters Degree (6) Doctorate			
Second Language (please list) :			
Field of Study :			
Coalition Member Contact Information:			
Address:			
City:		State:	Zip Code:
Alternative Address:			
Phone:		E-mail:	
Coalition Member Information			
Appointment Date with Coalition:			
If Designee, Represents:			
Personal Title:			
Membership Service (Enter C for Chair or M for Member) _____ Coalition/Group _____ Subcommittee/Group			
Coalition Member Organization Information:			
Agency / Group:			
Office / Unit:			
Street / PO Box:			
City:		State:	Zip Code:
County:			
Phone:		Fax:	
Date Joined (mm/dd/yyyy):			